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CONFIRMATION NO. 1571

<b>SERIAL NUMBER</b> 10/559,415	<b>FILING OR 371(c) DATE</b> 12/06/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 1103326-0799
<b>APPLICANTS</b> Brit Corneliussen, Molndal, SWEDEN; Stefan Schreiber, Kiel, GERMANY; Monika Stoll, Munster, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE04/00861 06/03/2004				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0313081.2 06/06/2003 UNITED KINGDOM 0327427.1 11/26/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/30/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 10
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 10		
<b>ADDRESS</b> 7470				
<b>TITLE</b> Method for diagnosing inflammatory bowel disease				
<b>FILING FEE RECEIVED</b> 2550	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	